

FILED JUN 27 1957		STANDARD CERTIFICATE OF DEATH		57-2-1476		3026		264	
58943-56		Registration District No. 146		Primary Registration District No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hosp				Length of stay in 1b Life		d. STREET ADDRESS (If outside, give location) 2938 Norwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DEBRA Middle MAE Last HIATT				4. DATE OF DEATH Month June Day 19 Year 1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 30 1956		9. AGE (In years last birthday) 10 Months 19 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Hiatt				13b. MOTHER'S MAIDEN NAME Dolores Montez		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address William Hiatt 2938 Norwood Indep Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock + hemorrhage resulting from multiple ribbed fracture + ruptured liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 8304 DUE TO (c) 25								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) was struck by a car					
20c. TIME OF INJURY Hour 8:20 p.m. Month 6 Day 19 Year 57				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) outside home				20f. CITY, TOWN, OR LOCATION Independence Jackson Mo					
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Dr. W. C. Bailey Jr. Deputy Coroner				22b. ADDRESS 6627 1/2 West 15th				22c. DATE SIGNED 6-20-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 22 1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Kansas City Mo-Kansas		(State)	
24. FUNERAL DIRECTOR John P Sheil Kansas City Mo				25. DATE RECD. BY LOCAL REG. 6-22-57		26. REGISTRAR'S SIGNATURE James H. Tracy			

JUN 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed _____

Licensed Embalmer No. 4954

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.